FINANCIAL STATEMENT FOR FOSTER AND/OR ADOPTIVE APPLICANTS

This financial statement is prepared for the Alabama Department of Human Resources as part of the application to (1) operate a foster family home for children and/or (2) adopt a child. Return the original completed form to the County Department of Human Resources. Attach additional sheets as needed.

Prepared b	by (please print)					-
Date Prepa	ared		County of R	esidence		
			ons on both persons sections that apply to you as ar	ı individual	Total M Amo	•
Prospective applicant 1				Monthly Net Income		
Full Name	e			Ea	rnings \$	
SSN				Other		
Prospective applicant 2				Specify Monthly Net Income		
Full Name	2			Ea	rnings \$	
					\$	
3311				OtherSpecify	φ	
				A. Total Monthly Net In	come \$	
	(Please itemize; ank (Current Sav		l sheet(s) as necessary)		\$	
	ank (Average Cl				\$	
Stocks (Estimated Value)						
					\$	
Bonds (Estimated Value) Automobiles					Current Marl	cet Value
Make		Model	Year	Purchase Price	 \$	
Make		Model	Year	Purchase Price	\$	
	rance (List compose applicant 1	pany names)			\$	
Prospectiv	ve applicant 2				\$	
Health/M	edical Insuran	e on all hous	ehold members (List company	names)		
					_	
Prospectiv	ve applicant 2				_	
					\$	
	Date of Purcha		Purchase Price	Equity	Current Ma	rket Value
Other Ass	sets and Estima	ted Value (P	lease itemize; use additional sh	eet(s) as necessary) Total Assets	\$ \$	
INDEBTI	EDNESS (Pleas	e itemize; use	additional sheet(s) as necessar			
or or nent nts	To Whom Ow	ed	For What	Monthly Payments (or prorated monthly)	Remaining	g Balance
Personal Loans or Installment Accounts	(1)					
LC LC AC	(2)(3)				Ф	
≈ ∞	Real Estate				\$	
Real Estate & Other Loans	Loan on Life I					
Est: er L	Automobile Lo Other (specify)		·		Ф	
eal Oth	(open)	•	Total Owed	\$		

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MONTHLY EXPENSES WORKSHEET

	If not monthly, prorate into a	a monthly amount.	Total Monthly Amount			
1. Rent or Mortgage F	Payment, Tax, and Insurance	\$	\$			
2. Home Maintenance	e - repairs, improvements	\$				
	lawn and garden expense	\$	\$			
3. Groceries (include	Groceries (include dining out and food delivered in)					
4. Utilities (include po	Utilities (include power, gas, water, phone, garbage, cable)					
5. Clothing	Clothing					
6. Medical and Dental	Medical and Dental (monthly average)					
7. Vehicle Expenses:	Gas	\$				
	Tax and tag (use last year's figures)	\$				
	Payment	\$				
	Upkeep/maintenance	\$	\$			
8. Insurance:	Life	\$				
	Health	\$				
	Car	\$				
	Household (if not included in 1. Above)	\$				
	Burial Other	\$ \$	\$			
9. Newspapers, Maga:		Ψ	\$ \$			
10. Recreation and Hob			\$			
11. Church and Charity			\$			
12. Installment Accordantly Indebtedness	\$					
13. Dues (club member	\$					
14. Savings and/or Inve	\$					
15. Child Support/Alim	\$					
16. Other Expenses No	\$					
	\$					
HOUSI	EHOLD'S TOTAL MONTHLY INCOME A	AND EXPENSES				
Enter your household's	\$	Total Monthly Net Income				
Subtract your househol	d's total monthly expenses from B. above.	\$	Total Monthly Expenses			
Enter your excess monwhich should be suffici	thly income ent to cover a child's needs.	\$	Excess Monthly Income			
By signing below, I ver	rify that the information on this financial form i	s true and correct to the best of 1	my knowledge.			
Signature		Date				
a			Date			